

**SINGLE BUSINESS TAX AMENDED RETURN**

Issued under authority of P.A. 228 of 1975. See instruction booklet for filing guidelines.

**C-8000X****Complete and attach any schedules that have changed because you are amending.****IDENTIFICATION****1** This return is for calendar year \_\_\_\_\_ or for the following tax year

Beginning Date

Ending Date

month

year

month

year

**2** Name (Type or Print)

d/b/a

Street Address

City, State, ZIP

**3** Check this box if you are filing a Michigan consolidated return.☐

Enter authorization number \_\_\_\_\_

**4** Check this box if you are a member of a controlled group (see instruction book).☐**5** Federal Employer ID No. (FEIN) or TR No. \_\_\_\_\_**6a** Check this box if address is new ☐**b** Check this box if discontinued ☐

Effective date of discontinuance \_\_\_\_\_

**7** Business Start Date**8** Source of Change☐

IRS

☐

Audit

☐

Other

☐

Amended

☐

Federal

**9** Organization Type (check one)**a.** ☐ Individual**b.** ☐ Fiduciary**c.** ☐ Professional Corp.**d.** ☐ S-Corp.**e.** ☐ Other Corp.**f.** ☐ Partnership/**g.** ☐ Limited Liability  
Company-Corporation

LLC-Partnership

**10** Gross receipts \_\_\_\_\_As Reported  
or Adjusted**10** \_\_\_\_\_ .00Correct  
Amount**10** \_\_\_\_\_ .00**11** Business income (50% method; see instructions) \_\_\_\_\_**11** \_\_\_\_\_ .00**11** \_\_\_\_\_ .00**COMPENSATION****12** Salaries, wages and other payments to employees \_\_\_\_\_**12** \_\_\_\_\_ .00**12** \_\_\_\_\_ .00**13** Employee insurance plans - health, life \_\_\_\_\_**13** \_\_\_\_\_ .00**13** \_\_\_\_\_ .00**14** Pension, retirement, profit sharing plans \_\_\_\_\_**14** \_\_\_\_\_ .00**14** \_\_\_\_\_ .00**15** Other payments - supplemental unemployment benefit trust, etc \_\_\_\_\_**15** \_\_\_\_\_ .00**15** \_\_\_\_\_ .00**16** **Total Compensation.** Add lines 12 - 15 \_\_\_\_\_**16** \_\_\_\_\_ .00**16** \_\_\_\_\_ .00**ADDITIONS****17** Depreciation and other write-off of tangible assets \_\_\_\_\_**17** \_\_\_\_\_ .00**17** \_\_\_\_\_ .00**18** Taxes imposed on or measured by income (city, state, foreign) \_\_\_\_\_**18** \_\_\_\_\_ .00**18** \_\_\_\_\_ .00**19** Single business tax \_\_\_\_\_**19** \_\_\_\_\_ .00**19** \_\_\_\_\_ .00**20** Dividend, interest and royalty expenses \_\_\_\_\_**20** \_\_\_\_\_ .00**20** \_\_\_\_\_ .00**21** Capital loss carryover or carryback \_\_\_\_\_**21** \_\_\_\_\_ .00**21** \_\_\_\_\_ .00**22** Net operating loss carryover or carryback \_\_\_\_\_**22** \_\_\_\_\_ .00**22** \_\_\_\_\_ .00**23** Gross interest and dividend income from bonds and similar obligations

issued by states other than Michigan and its political subdivisions \_\_\_\_\_

**23** \_\_\_\_\_ .00**23** \_\_\_\_\_ .00**24** Any deduction or exclusion due to classification as FSC or similar

classification and expenses of financial organizations (see inst.) \_\_\_\_\_

**24** \_\_\_\_\_ .00**24** \_\_\_\_\_ .00**25** Losses from partnerships, Account no. \_\_\_\_\_**25** \_\_\_\_\_ .00**25** \_\_\_\_\_ .00**26** **Total Additions.** Add lines 17 - 25 \_\_\_\_\_**26** \_\_\_\_\_ .00**26** \_\_\_\_\_ .00**27** Subtotal. Add lines 11, 16 and 26 \_\_\_\_\_**27** \_\_\_\_\_ .00**27** \_\_\_\_\_ .00**SUBTRACTIONS****28** Dividends, interest and royalty income included in business income \_\_\_\_\_**28** \_\_\_\_\_ .00**28** \_\_\_\_\_ .00**29** Capital losses not deducted in arriving at business income \_\_\_\_\_**29** \_\_\_\_\_ .00**29** \_\_\_\_\_ .00**30** Income from partnerships included in business income,

Account no. \_\_\_\_\_

**30** \_\_\_\_\_ .00**30** \_\_\_\_\_ .00**31** **Total Subtractions.** Add lines 28 - 30 \_\_\_\_\_**31** \_\_\_\_\_ .00**31** \_\_\_\_\_ .00**TAX BASE****32** **Tax Base.** Subtract line 31 from line 27 \_\_\_\_\_**32** \_\_\_\_\_ .00**32** \_\_\_\_\_ .00**33** **Apportioned Tax Base.** Multiply line 32 by % from C-8000H \_\_\_\_\_**33** \_\_\_\_\_ .00**33** \_\_\_\_\_ .00

▶ Attach your check here

**Go to page 2****PAYMENT****65** What amount did you enter on page 2, line 61 \_\_\_\_\_ **PAY THIS AMOUNT ▶ 65** \_\_\_\_\_ .00

Federal Employer Identification Number \_\_\_\_\_

TAX BASE	As Reported or Adjusted	Correct Amount
34 What amount did you enter on line 32 or 33 (whichever applies)? .....	34 _____ .00	34 _____ .00
<b>ADJUSTMENTS</b>		
35 Capital acquisition deduction (from C-8000D) .....	35 _____ .00	35 _____ .00
36 Recapture of capital acquisition deduction (from C-8000D) .....	36 _____ .00	36 _____ .00
37 Net capital acquisition deduction. Subtract line 36 from line 35 .....	37 _____ .00	37 _____ .00
38 <b>Adjusted tax base before loss</b> deduction and statutory exemption Subtract (if negative add) line 37 from line 34. If negative, loss carryforward .....	38 _____ .00	38 _____ .00
39 Business loss deduction .....	39 _____ .00	39 _____ .00
40 <b>Adjusted tax base before statutory exemption.</b> Subtract line 39 from line 38 ...	40 _____ .00	40 _____ .00
<b>STATUTORY EXEMPTION (See schedule C-8043 in the instruction booklet.)</b>		
41 Allowable statutory exemption from schedule (attach C-8043) .....	41 _____ .00	41 _____ .00
42 <b>ADJUSTED TAX BASE.</b> Subtract line 41 from line 40. Check if C-8000G is attached. <input type="checkbox"/> .....	42 _____ .00	42 _____ .00
<b>REDUCTIONS, CREDITS, TAX</b>		
43 Reduction to adjusted tax base, if applicable (see form C-8000S) .....	43 _____ .00	43 _____ .00
44 Taxable base. Subtract line 43 from line 42 or enter amount from C-8000S .....	44 _____ .00	44 _____ .00
45 <b>TAX BEFORE CREDITS.</b> Multiply line 44 by the applicable tax rate .....	45 _____ .00	45 _____ .00
<b>Amend the small business and contribution credits on form C-8000C before continuing. If you did not claim these credits enter the amount from line 45 on line 46.</b>		
46 Enter either the amount from form C-8000, line 45 or C-8000C .....	46 _____ .00	46 _____ .00
47 Unincorporated/S-Corp Credit .....	47 _____ .00	47 _____ .00
48 Nonrefundable Credits .....	48 _____ .00	48 _____ .00
49 Add lines 47 and 48 .....	49 _____ .00	49 _____ .00
50 <b>Tax After Nonrefundable Credits.</b> Subtract line 49 from line 46 .....	50 _____ .00	50 _____ .00
<b>PAYMENTS</b>		
51 Overpayment credited from prior year .....	51 _____ .00	51 _____ .00
52 Estimated tax payments .....	52 _____ .00	52 _____ .00
53 Tax paid with request for extension .....	53 _____ .00	53 _____ .00
54 Refundable Credits .....	54 _____ .00	54 _____ .00
55 Amount paid with original return plus additional tax paid after original return was filed .....	55 _____ .00	55 _____ .00
56 Add lines 51 - 55 .....	56 _____ .00	56 _____ .00
57 Overpayment, if any, as shown on original return (or as previously adjusted) .....	57 _____ .00	57 _____ .00
58 Subtract line 57 from line 56 .....	58 _____ .00	58 _____ .00
<b>TAX DUE/OVERPAYMENT</b>		
59 Tax due. If line 50 is more than line 58, enter the difference .....	59 _____ .00	59 _____ .00
60 Amended return penalty _____ and interest _____ .....	60 _____ .00	60 _____ .00
61 Add lines 59 and 60. <b>Enter here and on page 1, line 65</b> .....	61 _____ .00	61 _____ .00
62 If line 50 is less than line 58, enter the difference. You overpaid this amount .....	62 _____ .00	62 _____ .00
63 Amount of line 62 to be credited forward .....	63 _____ .00	63 _____ .00
64 Subtract line 63 from line 62 .....	<b>REFUND</b>	64 _____ .00

**SIGNATURE AND PREPARER AUTHORIZATION**

TAXPAYER'S DECLARATION		PREPARER'S DECLARATION	
I declare, under penalty of perjury, that this return is true and correct to the best of my knowledge.		I declare, under penalty of perjury, that this return is based on all information of which I have any knowledge.	
<input type="checkbox"/> I authorize Treasury to discuss my return with my preparer. <input type="checkbox"/> Do not discuss my return with my preparer.		Preparer's Signature _____ Date _____	
Taxpayer's Signature _____	Date _____	Business Address and Phone _____	
Title _____			